



**THIRD PARTY  
AUTHORIZATION TO  
RELEASE INFORMATION**

As an applicant for Third Party or Professional Driver Training School authorization/certification, with the Arizona Department of Transportation, Motor Vehicle Division, I am required to furnish information for use in determining my eligibility.

In this connection, I do hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged manner, to any duly authorized agent of the Arizona Department of Transportation, Motor Vehicle Division and to the following Authorized Third Party or Professional Driver Training School, if applicable:

Authorized Third Party or Professional Driver Training School Name	Authorization Number
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I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested.

I understand that the information obtained may disqualify me for Third Party or Professional Driver Training School authorization/certification and/or employment with an Authorized Third Party or Professional Driver Training School.

Applicant Name (first, middle, last, suffix)
Applicant Signature

Acknowledged before me this date.			Notary or MVD Agent Signature
Date	County	State	Commission Expires